

# 'We did everything we could': An account of toxic leadership

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## Abstract

**Background:** The UK government's reckless and incompetent response to Covid-19 has produced an outcome which is amongst the worst in the world, and arguably the worst in terms of deaths per 100,000 population of major countries (especially when one measures mortality from Covid in terms of cause of death on the death certificate, rather than the UK government's own measure—death of a tested individual within 28 days of testing). This article updates my initial analysis in this journal over a year ago, and traces the negligent and shambolic policy-making, and supine official scientific advice, which has led to such a dismal outcome.

**Methods:** It does so by examining the policies and approach of the UK government from the beginning of the pandemic (in UK terms, January 2020) up to June 2021. All relevant declarations, speeches, decisions, public interviews and policies were noted on a daily basis, examined and critically assessed—along with daily data and information over the whole period on Covid's threat to, and spread across, the UK.

**Conclusions:** On three successive occasions, Boris Johnson and his compliant Ministers acted too late and too weakly to prevent avoidable death and illness. At the time of writing the vaccination programme in the UK has been destabilised by the government—yet again—having failed to secure its borders, this time against the Delta variant

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(Indian mutation) of the virus. Overall, in terms of border control, quarantine, testing, tracing, isolation and timely and enforced lockdown, the government put short-term, superficial considerations above coherent strategy. It dressed up its incompetence as a superficial libertarianism and defence of the economy, but thereby managed to achieve the worst of all worlds in terms of three egregious failures—appalling health outcomes; (ironically) worse economic damage than countries which took draconian action; and (also ironically) continually recurring restrictions as a result of earlier failure to take strong action to suppress Covid and keep it at bay. Public reaction in England (unlike in Scotland and Wales) to the Johnson government's shenanigans has not been commensurate with that government's level of failure, which sadly reflects a debasement of the political culture in England.

**KEYWORDS**

Boris Johnson, compliant scientific chiefs, disastrous outcomes, incompetence and recklessness, UK Covid policy

## 1 | A YEAR OF RECKLESSNESS AND INCOMPETENCE

It now seems a sick joke that the Global Health Security Index (GHSI), as recently as 2 October 2019,<sup>1</sup> placed the UK second in pandemic preparedness (second only to the USA, to complete the irony.) External audits which rely upon self-descriptions and tick-boxes about systems are always vulnerable to superficiality. Yet even so, the British failure on Covid was still egregious. Man makes his own history, even if not in circumstances of his choosing. The Johnson government and key official scientific advisers did not rise above the diminution of Britain's health protection apparatus: they hid behind it.

More than a year ago, this journal published my account of how the UK government had signally failed in meeting the challenge of Covid in the first four months.<sup>2</sup> This article brings the story up to date. The intervening year saw the crisis in the UK progressively worsen, with even less excuse than the first time around, as the same mistakes were repeatedly repeated. Only the vaccination programme eventually rode to the government's rescue. And that relied heavily upon (arguably premature) approval of a vaccine—Oxford AstraZeneca—which was controversial. The story's happy ending may be premature.

At the time of writing, this vaccine's ability to cope with certain Covid mutations is dubious, which is significant in that the Johnson government, unable to change its spots, was at the time of writing (mid-May 2021) failing to take the required action to keep these mutations out of the UK. Even another right-wing populist leader in Australia, never mind a social Democrat in New Zealand, was able to take the required action, but Johnson was not. He was continually obsessed with polishing his brand as a 'popular bloke' and therefore with the cod libertarians in his party and the 'Covidiot' in the English population, those who disbelieved or defied scientific advice.

But back to the beginning. Rather than merely being asleep at the wheel, the Prime Minister was actually driving in the wrong direction. Boris Johnson was obsessed with British 'exceptionalism', unchallenged by a quite literally puerile (boy-like) Cabinet which was content to believe health protection agency heads, brought up on a culture of telling their superiors what they wanted to hear, that Britain was well-prepared, and by chief scientific advisors fighting the wrong disease with the wrong strategy until it was too late.

That is not to deny that the British (English) state, in its health protection manifestation, was thoroughly broken. This sorry state of affairs has three main causes—40 years of the subjugation of independent, professional public administration to state managerialism and privatisation; 10 years of savage cuts; and a recent preoccupation of key health security agencies (even Public Health England) with Brexit.<sup>3</sup> So exceptional leadership was required as a necessary, let alone sufficient, condition for success in coping with Covid.

Even a merely good, in the sense of competent, leadership would have apprised itself of the UK's denuded and coopted health protection structure and acted appropriately, thinking the following for starters: 'Testing capacity is threadbare, so we must close borders and quarantine, as we will not be able to rely on catching and containing the virus. And we must act now to beef up testing and protective equipment.' Scientific leaders also were inappropriately quiescent, taking their cue from what they second-guessed their political bosses to be thinking. Professor John Edmunds later said 'No-one thought it would be acceptable politically 'to shut the country down'... We didn't model it because it didn't seem to be on the agenda.'

Britain had the misfortune to have the worst type of leader for a pandemic - a reckless, incompetent, 'cod' libertarian. The Prime Minister was either absent at Chevening in the crucial weeks or suggesting, in Greenwich on February 3rd,<sup>4</sup> that Britain should 'shed its Clark Kent spectacles' and resist the 'exaggerated threat of global pandemics'. The official scientific chiefs were (slowly) dusting off the influenza pandemic playbook (the wrong disease), and registering the threat level at 'moderate' for far too long. And the Health Secretary and Public Health England were believing, or pretending to believe, their own propaganda that Britain was well-prepared.

There has been both policy failure and an incompetence in implementation. For the policy failure, we must blame a failure in leadership - primarily by a reckless Prime Minister and his compliant and complacent Cabinet colleagues but also by key government scientists in leadership positions.

Deputy Chief Medical Officer Jonathan Van Tam, one of the few senior advisers to inspire confidence, liked to use football metaphors to characterise Britain's response to Covid. To take these metaphors further, with apologies to those with no interest in football (soccer): the Prime Minister played a rotten game until the 85th minute. The chief medical and scientific advisors played a defensive game throughout and, even within that modest context, had a game of two halves: the goal was left horribly open in the first half; they tightened up in the second half; but even then failed to go on the attack.

When, by summer 2020, the chief advisors had (unlike Boris Johnson) learned from their mistakes, they continued as a hapless human shield, both metaphorically and literally, at countless Downing Street Briefings. They had clearly decided to keep their upper lip stiff so as not to 'frighten the horses', rather than to speak truth to power strongly enough. This compromised their professionalism and co-opted them into a corrupt 'post-truth' state.

The Prime Minister ignored unequivocal advice for a second lockdown repeatedly. Hoping to find a reason or argument to avoid more lockdown, he even pow-wow'd as a last resort<sup>5</sup>—egged on by an out-of-his-depth Chancellor of the Exchequer - with evidence-denying, anti-lockdown British academics and the Swedish Chief Epidemiologist, the man arguably responsible for what the Swedish King and Prime Minister described as their country's 'failure' on Covid. When the inevitable U-turn brought the second lockdown, it came two months too late. Six months later, both the BBC and ITV, the UK's two main television networks, reported three separate sources who claimed (and stated they would repeat under oath) that they had heard the Prime Minister say he would rather see 'bodies piled high' and Covid let 'rip' than have another lockdown.

A third fateful procrastination, before Christmas, was still to come. After the second, short lockdown ended, cases, hospitalisations and deaths began to soar. Yet Johnson stuck to an inadequate regional 'Tier' system of restrictions, by now directly against the advice of his chief scientists. If Chief Medical Adviser Whitty and Chief

Scientific Officer Vallance had relaxed the stiffness in their upper lips to utter the words, 'I resign', Johnson would have been forced to take action and lives would have been saved - more than half of Britain's shameful death toll between 31 March 2020 and 31 March 2021 came after 1 January 2021.

It is in this context that we should judge Boris Johnson's claim in January 2021 - when Covid deaths reached 100,000 by official figures (deaths within 28 days of a Covid test) and c.115,000 by the more reasonable measure of deaths with Covid registered as the main cause - that 'we did everything we could'.<sup>6</sup>

## 1.1 | Guilty as charged?

There is a strong argument that Boris Johnson, as Prime Minister, is guilty of either misconduct in public office or gross negligence manslaughter (both common law offences in English law), or corporate manslaughter under the English statute of 2007, and/or culpable homicide in Scots law.

Johnson gambled, as was his wont. He recklessly decided with no evidence to back up the assertion, that the risk from pandemics was exaggerated. He failed to chair the first five COBRA meetings on the pandemic. He failed to implement border controls and effective quarantine. He took the risk that asymptomatic transmission of Covid would not happen. He agreed to the suspension of community testing far too readily without questioning how extra testing might be mobilised. He was far too late in overriding his populist, cod-libertarian instincts to decree the first lockdown. It was ended too soon, with some restrictions lifted against the government's own 'traffic-light' system.<sup>7</sup>

Next, the Chancellor of the Exchequer's 'Eat Out to Help Out' scheme over the summer of 2020 caused a Covid spike, as did the mass movement of students across the country in September. Rising Covid numbers were ignored for far too long at the end of the summer, and the time for a second lockdown should have been early September. But Johnson foolishly repeated history in delaying the second lockdown, by months not weeks this time, and unpardonably went on to do the same with the third lockdown, having moreover disastrously toyed with Christmas relaxation. Over half of the UK's Covid deaths to date occurred in 2021.

Only when the vaccine was beginning to ride to the rescue did Johnson 'up his game'. And subsequently, the same old mistakes were made in failing to secure the borders soon enough against potentially serious Covid mutations, especially from India but also (earlier) from South Africa and South America.

Next, Professor Chris Whitty, Chief Medical Adviser (UK) and Chief Medical Officer (England), Sir Patrick Vallance, Chief Scientific Advisor (UK) and Jenny Harries, Deputy Chief Medical Officer (England) can certainly be accused of incompetence, in some cases serial incompetence. Whitty and Vallance got it badly wrong at the outset. Both stuck to the influenza playbook for far too long. Not unrelated to this, Vallance had a deadly dalliance with herd immunity. Both seemingly believed bad data from a politically compromised organisation (Public Health England), critically underestimating the level of community infection. Later they acquiesced in the abandonment of community testing. Soon after, Whitty invoked 'behavioral science', to the frustration of many behavioural scientists, to justify late lockdown.

Whitty seems, at the beginning, to have zig-zagged somewhat wildly. According to one senior Conservative Party politician speaking off the record, at the end of January, Chris Whitty was explaining to politicians in private, according to at least two people who spoke to him, that if the virus escaped China, it would in time infect the great majority of people in Britain. Yet on February 13, Whitty claimed on the BBC that a UK outbreak was still an "if, not a when." Another change of tune came only three weeks later, when he was quoted in the Sunday Times that the virus was embedded in the community and that it was 'game over'.

Harries, for her part, was dishonest in claiming that community testing for Covid was abandoned as part of a scientific strategy. It was abandoned because of a lack of capacity to test (later admitted, leaving Harris's bending of the truth on behalf of her political 'masters', whom she should not see as her masters at all, embarrassingly exposed.) Even this lack of capacity was a cop-out: prominent scientific leaders despaired at the government's

failure to mobilise additional capacity at short notice.<sup>8</sup> The latter inertia stemmed partly from incompetence and partly from a disastrous belief at the time in 'herd immunity'.

Harries also claimed that ignoring WHO's advice on testing was reasonable because it only applied to poor countries; that the UK was well prepared for a pandemic; that the UK provided a model to be emulated; that there was no evidence that large sporting events were a danger in terms of spreading the virus, less than two weeks before the first lockdown; and that face masks were a 'bad idea' (pointing to some dangers in their use, a different issue.) Sadly, her appointment as head of the new UK Health Security Agency suggests that, even in planning for the future, the Johnson government prizes loyalty above quality.

## 1.2 | Politics and science

The government hid behind the facile slogan, 'following the science', until it was apparent even to its most docile supporters that this was a farcical claim. But to the extent that it did initially, it was a tin-eared science which essentially argued that disaster had to strike in order to be measured in all its calamity so that 'evidence' could be acquired to justify action. More Alice in Wonderland than 'world beating' (another over-used piece of purple prose which the government used about itself, prioritising 'comms'–propaganda–over policy.)

The official threat level from the novel coronavirus was kept at 'moderate' long past the point at which it was undoubtedly severe. Moreover the strategy adopted was eminently unsuitable, as the nature of the disease was known by early January, from information coming out of China, and published in *The Lancet* later that month. It is true that the Wuhan municipal government concealed the threat for a crucial number of days in December 2019, and the Chinese state's paranoia more generally was in evidence–briefly but for a crucial few days in terms of travel. But this is a separate issue from a failure by another country–the UK–to absorb extant data when it became available from Chinese scientists and then (later, but long before the UK government took it seriously) the World Health Organisation.

We may add to this depressing story a dismal performance from Public Health England, a compliant quango in charge of Britain's health protection since 2012 following the chaotic and ill-thought-out NHS reforms of 2012. Britain was well prepared for dealing with such threats, it boasted on its website, telling its masters what they wanted to hear. The subjugation of professionally-led, independent agencies to political control, considered convenient to Ministers since the days of Mrs. Thatcher and the misleadingly-named 'new public management', was now taking its toll.

For Britain was extremely ill prepared, with: poor capacity to test; reduced capacity and compromised autonomy of local public health, and its subjugation to the regional and national offices of Public Health England; inadequate NHS provision in terms of bed numbers and staff; minimal stockpiling of Personal Protective Equipment; and Cinderella social care, soon to be used as a toxic dumping-ground for already-full hospitals confronted with Covid. But frank talking 'up' to Ministers had gone out of fashion along with professional-led public administration.

## 1.3 | Herd immunity

It was assumed by the official scientific chiefs that there would be a 'second wave' of Covid infection, hospitalisation and death even before the first wave had registered, using the influenza playbook. It was therefore deemed necessary to allow the first to create some 'herd immunity' while 'flattening the curve' to mitigate the effect upon hospitalisation and 'protect the NHS'.

The assumption was that only by allowing the virus to spread in a controlled way could an inevitable second wave be reduced in severity. This assumption was rejected by many reputable scientists at the time; and one year later, a simple inspection of the 'second wave' graphs of countries which had bad first waves shows it to be nonsensical. Brazil, the UK and the USA are countries which (for one reason or another) allowed a first wave of

Covid significant leeway and went on to suffer crippling second waves. These three countries, not coincidentally, exhibited variants of chaotic and irresponsible leadership just as deadly as the Covid variants which England and Brazil, unsurprisingly, bred.

The vexed question of herd immunity bedeviled Britain's approach for far too long. It is clear that, at the very least, the option was not only seriously considered but also favoured. The Prime Minister, to be scrupulously fair, did not unequivocally propose in a now-infamous interview that 'taking it on the chin' (in order to allow herd immunity) was the only option (by this time, his earlier belief in herd immunity was perhaps wavering.) But the assumption that herd immunity would help was maintained for far too long, and its logic underlay the 'strategy' (actually 'tick box' mantra) of 'contain, delay, research, mitigate'. This was copied from the influenza playbook.

Yet this in practice was hopeless. The first - containment - received only lip-service: the attempt to contain was pathetic. The second - delay - was damaging, based as it was on the assumption that allowing controlled spread would reduce the severity of the supposedly inevitable second wave. The third - research - was either wishful thinking (something will turn up) or a truism (research is always useful). Settling on the fourth - mitigate - disastrously led to a failure to minimise and eradicate Covid in summer 2020.

Herd immunity was a scientific blunder and a fatal waste of time in equal measure. One year later, when the true death figure was probably around 150,000, the percentage of the population which had had Covid was little more than 20%. Herd immunity, even assuming that having had Covid rendered one both immune and also unable to transmit the virus (both highly dubious assumptions), was a nonsense *a priori* as well as *ex-post facto*.

Thus the academic response to what Brazilian President Bolsonaro called a 'little flu', herd immunity, cost the UK dear. If New Zealand Prime Minister Jacinda Ardern could see through herd immunity as a cruel deceit right from the outset, why not the British government? Even a student of rudimentary arithmetic could easily see through it: if Covid only killed 1% of those who caught it, then achieving a herd immunity of 60% of the population would still be likely to mean c.400,000 deaths. Pretending that you could combine a quasi-open society with protection of the vulnerable through shielding was a nonsense. So estimating deaths at 1% of 60% of 68 million, the UK's population, was reasonable. And many experts thought Vallance's estimate of 60%<sup>9</sup> as the prerequisite for herd immunity was optimistic - that it was more like 80% if not more.

Of course one must ultimately blame the political leadership, even if the official scientists should rightly be criticised: scientists advise and politicians decide. Even if the 'executive summaries' of the UK Government's SAGE (Scientific Advisory Group for Emergencies) minutes did not communicate the disquiet of scientists such as Professor John Edmunds,<sup>10</sup> what kinds of Health Secretary and Prime Minister do not seek further information, probe forensically and ruthlessly, or do not do so until far too late?

Confirmed revelations from the Prime Minister's estranged former Chief Adviser have made it crystal clear that herd immunity was the policy. Dominic Cummings revealed to a joint hearing by the House of Commons Select Committees on Science and Technology and Health on 26 May 2021 that he had briefed the Prime Minister regarding the consequences of continuing with herd immunity in his study on the morning of 7 March 2020, with what might be termed graphic graphs to illustrate the disaster which was in train. Cummings had sought advice on herd immunity, about which he was increasingly worried, from Professor Tim Gowers of Cambridge University. On May 28th, extracts from Gowers' reply to Cummings were published. These reinforce how seeking herd immunity by September 2020 (even if possible) would have led to carnage in terms of deaths and untreated patients on an industrial scale, even by the most optimistic assumptions. The only option at this stage was a rigorous and immediate lockdown, with the prospect of more to come, in order to contain and minimise Covid. There was no 'middle way' - of pursuing herd immunity more moderately by 'flattening the curve' of infection to protect the NHS, an approach which both Whitty and Vallance had repeatedly hammered home in their public presentations with Johnson at Downing Street. As Gowers said, "In particular, there is no 'middle approach' where we get to herd immunity in a controlled way - to achieve the control we would have to apply a large amount of social distancing anyway, and for much longer than would be needed if we went for a pure social-distancing approach".

In other words, there would be long-standing semi-lockdowns and yet death and illness rates far higher than a Covid-minimisation policy would entail. Sound familiar? One might add: since poorly-controlled Covid would mean a majority of the population living in fear and failing to consume as normal, the economic harm of lockdown would apply in any case. And in the absence of mandatory control of behaviour through full lockdown, an irresponsible large minority would ensure that Covid spread in any case. The worst of all worlds. Again, sound familiar? Both political leaders and chief advisory scientists blundered big-style.

## 1.4 | A Paradox

The government's one success was its vaccine policy—order lots and order early. It was its prompt action in placing orders from different companies for as yet uninvented products which enabled the UK to be in the top five globally for population vaccination, albeit with the proviso that its main vaccine, Oxford AstraZeneca, was perhaps ineffective against crucial new variants of the virus.

So why did it act quickly in this respect but stay asleep at the wheel (or driving in the wrong direction) on everything else. The conspiracy theory points to herd immunity guiding policy for far too long. The cock-up theory points to a bewildered and lazy government: placing orders is easy, whereas designing and implementing risk-averse health security policy at short notice (border controls; effective quarantine; beefing up inadequate testing capacity rather than suspending testing; enforcing strict lockdowns; enforcing isolation of people who might have Covid) is difficult.

The argument for 'conspiracy' goes that the six week hiatus between the suspension of community testing in March 2020 and the announced plan for a new 'NHS Test and Trace' in May would not have occurred had herd immunity not still been on the table at the crucial time. Herd immunity required spread of the virus, so community testing in order to track it and stifle it was actually unhelpful. Yet cock-up has been so much the watchword for the UK government's response to Covid that one dismisses it at one's peril.

## 1.5 | We did everything we could?

Either way, it was quite incredible that our official scientists went 180° in the opposite direction to the WHO's advice to 'test, test, test.' It was only when Imperial College's modelling for WHO<sup>11</sup> caused panic stations in the penultimate saloon that lockdown came on the agenda. This was followed, a few weeks later, by a ponderous realisation that mass community testing would have to be revived, not least as a strategy to exit lockdown.

Lockdown, when it was announced on 23 March 2020, was too late, and ended too soon. It was undermined (in England, not the rest of the UK) not only by the antics of chief adviser Dominic Cummings but the reluctance of the PM, frightened of being seen as a killjoy, to speak truth to people, a mirror-image of the reticence of chief medical and scientific advisers, it seemed, to shout truth to power, as previous Chief Medical Officers had done when necessary. CMO Donald Acheson, a quiet man, had nevertheless not hesitated to insist to Margaret Thatcher, hardly a pushover, that AIDS must be taken seriously in the 1980s. CMO Liam Donaldson is apparently seen as having 'overreacted' to SARS 1, according to complacent institutional memory in executive and civil service circles—most unfairly, and only with hindsight. Perhaps Whitty feared being seen to overreact. But Donaldson was the visionary, not an over-reactor.<sup>12</sup>

Lockdowns are of course a symptom of failure, in the technical sense that prevention is better than cure, but vital nonetheless. As with the first lockdown, the second also came disastrously late, as the government disregarded what by now was unequivocal scientific advice to have a 'circuit breaker' lockdown in September. So much for 'following the science', which seemed to have gone into the 'used' bin along with 'Stay at Home', replaced during the first lockdown (in England only, unlike the rest of the UK) with the vacuous 'Stay Alert'.

On one perplexing occasion, the Chief Scientist was weak in quasi-defending the disregarding of his own advice to have a 'circuit-breaking' lockdown. When challenged to repeat that advice at a Downing Street Briefing in October (the week after it had been disregarded), he claimed that the moment for action had passed: with more cases when a later circuit-breaker ended, Test and Trace would be less likely to cope (i.e. the infection rate and caseload numbers have to be below a certain level if Test and Trace is to cope.) But surely this too was Alice in Wonderland stuff. If cases were now to be as high as this, then surely a lockdown was required for even more compelling reasons - namely, the threat to the NHS and the mounting death toll.

But instead of fighting for what was known to be necessary, Whitty and Vallance went along in public with the charade. Then later, in early November—weeks too late—the inevitable second lockdown was called. Whitty and Vallance stood through a particularly gruelling Downing Street Briefing, which had been hurriedly rearranged for Saturday evening instead of Monday, following a leak from his own advisers so that there would be no reneging. Johnson was perceptively subdued and his body language suggested disengagement from what was now being announced. Yet Whitty and Vallance allowed themselves to be used to legitimise the charade that new data had changed the situation, and that calling a lockdown now as opposed to earlier was in reaction to that.

Johnson had only days before taunted Sir Keir Starmer, the opposition leader, with wanting to 'close down' the country. But his chaotic reversal did not chasten him. With history repeating itself yet again, the second lockdown was ended too soon, with the R rate on some counts not even below 1.

The biggest mistake had already occurred. Over summer 2020, significantly lower infection figures, with related reduced hospitalisation and minimal deaths, should have been used to minimise, not mitigate, the prevalence of the virus. Scotland came close to eliminating it, but its limited autonomy meant that, like the rest of the UK, it was chained to England's looser approach. Had real determination to do what should have been done at the outset been harnessed, Britain would not have made the same mistake twice. As it was, the other countries of the UK had as an aim eliminating Covid, whereas England clearly had the defeatist (or counter-productive) aim of mitigation. With transport and welfare policy being central UK government responsibilities, the limited autonomy which Scotland and the other home countries had in dealing with Covid was fatally undermined. Keeping Covid out, and having a convincing welfare support for those asked to isolate, were not within the remit of Scotland and the others.

And 'mitigation' brought the chickens home to roost. Test and Trace was overwhelmed all over again as the schools went back in September 2020. Baroness Dido Harding, doing a civil servant's job while remaining a Conservative peer—unconstitutionally, it was reasonably argued by former Justice Secretary Lord Faulkner—claimed that the extent of the effect of the return to school had not been foreseen, a statement so gauche that any limited confidence in Test and Trace was surely undermined. Later, Harding went on record as saying in January, when things were much worse, that the effect of the more transmissible Covid mutations had not been foreseen. Really? The more Covid, the more mutation. And boy, did Britain have more Covid than its neighbours.

And so in the end, by the beginning of March 2021, Test and Trace was assessed as a £37 billion failure. Not all the responsibility can be laid at the door of this unfortunate organisation, as any track, test and trace operation requires the prevalence of the virus to be manageable. And the responsibility for ensuring that those contacted do indeed isolate is a political one, with governments elsewhere using financial carrots as well as punitive sticks to ensure it happened.

In the UK, this was seen as either against the cultural grain or too difficult to organise, probably both. Ongoing lessons from much poorer countries on supporting those isolating were foreign in more ways than one to the UK government, or breezily dismissed as 'un British' if not too expensive. And this despite the government's foolishness causing expense on a mind-boggling scale.

Before the second lockdown and then between the second and eventual third, which began on January 2nd, an inadequate 'Tier' system was instituted, with different areas of the country subject to different restrictions. Bluntly both episodes of Tiers ended in tears. The first was risibly weak, with pubs allowed to open even in those areas



worse-afflicted with Covid if they served meals. This led to arguments more suited to surreal comedy about what constituted a 'meal': was a hamburger a meal if accompanied by chips? What about salad?

The second Tier system, between second and third lockdowns, was marginally stronger, but—instituted after the second lockdown ended too soon—it was overwhelmed by rising infection rates, hospitalisation rates and deaths on a scale which made the first wave's perilous peak the previous April look moderate.

Hence the third lockdown immediately after the New Year, after typical Johnsonian recklessness involving the relaxation of restrictions for Christmas and surrounding days. The Prime Minister once again taunted Starmer, this time with wanting to 'cancel Christmas', only to be confronted with a need to take a knife to his own plans three days later.

Then, even more ludicrously, schools opened for one day in January, to be closed again in a panic. There seemed to be no humiliation which Gavin Williamson, Education Secretary, could not survive. This was the third time he had gone out on a limb about keeping schools open, even threatening London Boroughs with legal action if they closed early for Christmas in response to the worsening Covid data.

Was this not an argument for prosecution of the Department for Education under the 2007 Corporate Manslaughter Act which made government departments liable for recklessly or wilfully causing avoidable death? One might of course argue that the Cabinet Office and Department of Health would be more fundamentally liable, as the 'departmental homes' of the Prime Minister and Health Secretary respectively. Such considerations are likely to prove merely academic. The question is, should they not be taken deadly seriously?

## 1.6 | What the vaccination programme tells us

Only the vaccine saved Britain's bacon. Sort of. Out of desperation, Britain's Medical and Healthcare Products Agency, having already approved the Pfizer BioNTech vaccine, rushed the approval of the UK's own Oxford AstraZeneca vaccine despite controversial trial data. At this time, many other countries understandably considered this data not to be convincing enough. This was however a lucky punt, as later data gathered from its use and from a bigger trial conducted primarily in the USA showed very good results, including for older people who had been absent from the first main trials.

Even so, AstraZeneca's vaccine was later found to have a negligible effect on the more worrying Brazilian and South African mutations, unlike Pfizer's. Both had already been detected in the UK. To make matters apparently worse, the Times reported on April 5th that there were still 20,000 arrivals per day into the UK, with 40% (8000) of those being tourists, including South Americans. Meanwhile, by the end of May 2021, the Indian mutation, later renamed the Delta variant by the WHO, had supplanted the British mutation (now the Alpha variant) as the dominant strain, and was responsible for a third wave of Covid in the UK. Early data suggested that one dose of vaccine provided 33% protection from infection; that two doses of Pfizer provided 88%; and that two doses of AstraZeneca provided 60%.

Equally desperately, and dishonestly, it was claimed by government Ministers and supporters that only because of not being in the EU was quick action on the vaccine possible. This disregarded the fact that when the UK approved first Pfizer then AstraZeneca, it was still subject to EU rules in the transitional year after Brexit, which only ended on 31 December 2020. The truth was and is that individual EU countries can approve a medicine or vaccine on a national basis in emergency situations (e.g. a pandemic), and Hungary for example has.

An embarrassing indicator of the state Britain had become, and of the state it had got itself into, was provided by Education Secretary Gavin Williamson, who claimed that Britain's medicines regulator the MHRA was better than Germany's, France's and Italy's because Britain was 'a much better country than every single one of them'.<sup>13</sup> Making Union Jack flags mandatory on all public buildings, refurbishing Whitehall's press briefing room at a cost of £2.5 million including flying two enormous flags to envelop the Prime Minister's lectern and using purple prose

about one's own country could not hide the fact that Britain was the lion which had lost much of its mane, including a once-proud public health reputation.

Again to be fair, it is true that the EU sought to persuade member countries to sign up to its centralised procurement, which was poorly handled and responsible for vaccine delays for which the EU sought to blame others, including Britain, in time-dishonoured post-divorce manner. But even here, nothing was to prevent individual member-states going their own way.

That does not alter the fact that, in vaccination terms, the EU was a poor performer. And many European countries were amongst the world's poorest performers on Covid overall. Nevertheless the UK's desperate situation, with the need for vaccination desperate, meant that dubious clinical decisions were taken in rolling out the vaccination programme. The Pfizer vaccine, based on RNA implant, was judged by its manufacturer, based on its trials, by the British Medical Association and later by the WHO as well as many national regulators, to require the second dose to be given within at most six weeks of the first, failing the preferable three to four. Yet the UK government decided unilaterally to make the gap between jabs (a maximum of) 12 weeks, so that more people could be given their first jab more quickly. This was justified by CMO Whitty as a reasonable response to the balance of risk. On the one hand, more people could have some protection from one dose of vaccination more quickly. On the other hand, the coverage afforded by RNA-type vaccines might degenerate after a few weeks, and what is more the risk of mutation as a result of partial or compromised coverage would be increased.

The key question here is, who decides? It is surely the job of the CMO to give professional, medical advice as to clinical appropriateness. If managerial or political choice leads to a different decision, so be it—or at least, that can be addressed by challenging the politicians. But it is arguably not the CMO's job to justify the decisions of politicians, however justifiable these may be pragmatically in the circumstances of sweeping up the mess created by mismanagement of the pandemic. All in all, not an edifying story.

Vaccination has been a genuine success for the UK: it would be churlish and one-sided to claim otherwise. Britain 'over-ordered' (a compliment) vaccines from many companies right at the outset—not only before it was clear that any vaccine would work, but before the first Covid death in the UK. The implementation of the vaccination programme has been a success, warts and all—primarily for the NHS.

But let us not get carried away such that we forget the avoidable deaths and hospitalisations which preceded it.

## 1.7 | Post-vaccine

It was clear that Johnson genuinely believed that it was necessary to hold firm with restrictions until vaccination of the population prevented the need for another lockdown 'ever again'. But even with this attitude—the one he should have had a year previously - his road-map to return to 'normal' was seen as over-optimistic by Welsh First Minister Mark Drakeford as well as some members of SAGE. And by May 2021, Johnson was at it again. Despite India having much more Covid absolutely and relatively than its neighbours, it was not, unlike those neighbours, on Britain's 'red list' of countries from which arrivals had to quarantine mandatorily in hotels. That is, not until it was too late to prevent the import, and community spread,<sup>14</sup> of the Indian variant, with three mutations, one of which became serious in terms of spread capacity as well as perhaps less susceptibility to the 'great British vaccine'. Furthermore, the UK's habit of placing countries on the red list too late was supplemented by its habit of allowing too much time between designating a country 'red' and beginning mandatory hotel quarantine. A rush of British Indians to return to the UK in this intervening space of time worsened the mistake of placing India on the red list far too late (for political reasons.)

What had been depressing was the lack of ambition as regards driving Covid down to the minimum possible level for succeeding months and years. It was predictable that Johnson would see eradicating it as incompatible with Britain being a global trading nation, unless it were eradicated elsewhere in the world. But of course it would

be possible to be more ambitious, by having quarantine hotels for all travellers and lateral flow tests for lorry drivers importing goods—until vaccination globally was achieved, not for ever. Indeed it would provide an impetus to achieve the latter. Eliminating Covid would not of course be compatible with defining ‘British freedom’ as the freedom to get drunk in Ibiza and then bring home a Covid mutation with impunity.

One could say more: just as in 2020 China was the root cause of Covid spreading throughout the world yet ironically protecting itself in the meanwhile, in 2021 England saw Europe increasingly swamped by its Kent Covid variant while (unlike Europe) protecting itself through speedier vaccination from the third wave as then experienced in much of Europe. Failure to minimise Covid rather than mitigate is internationally selfish as well as nationally risky: the more Covid is prevalent, the more likely mutation is to occur; and the more mutation, the greater likelihood of more infectious and/or harmful strains.

Once again Whitty and Vallance were Johnson's human shield. At the 5pm Downing Street Briefing on March 23rd to mark the anniversary of the announcement of the first lockdown, in response to a question as to whether Covid could be eradicated, Whitty pointed out that smallpox was the only disease ever eradicated by humans, and Vallance pointed out that the chances of zero Covid were ‘close to zero’.

This was not the point of the question, as surely the triumvirate must have known. The point was whether the ambition was to drive Covid to the margins or tolerate a ‘tolerable’ level. As ever, the official scientific chiefs were unambitious. And as ever the ‘Five o’Clock’ was a dog and pony show which stymied proper questioning: when Johnson was asked his biggest regret one year on, he mentioned not knowing that Covid was asymptotically transmittable.

This was not a direct lie but a deceptive smokescreen. Both China and the WHO, let alone various experts, had warned by the end of January 2020 that it might be. Surely the correct reaction was to choose the safe side of the road? Vallance answered that his main regret was the lack of information at an earlier stage. A reasonable answer, in another place, in another context, but a suggestion of self-censorship, in the present context.

## 1.8 | Endgame

By January 2021, the UK had the highest daily death rate in the world; by 26th January, the death toll had exceeded 100,000 on official figures based on death within 28 days after a positive Covid test (probably more like 115,000 by the measure of excess mortality and/or Covid as the primary cause on the death certificate); and by March, the UK had the second highest death toll in the world at 188 per 100,000 (probably higher), with only the Czech Republic higher at 208. Brazil – a case study in letting Covid rip – was at 128.

Vaccination saw the tables turning, with—at last—a Johnsonian gamble coming off. This is not to underplay the laudable role of the NHS in implementing such an ambitious programme. Yet, with the Oxford AstraZeneca vaccine not only continuing to cause controversy in the roll-out owing to a few adverse health events but also, more significantly, seeming to be less suitable than RNA-based vaccines such as Pfizer BioNTech's in coping with certain mutations (crucially, the rampant Indian/Delta variant at time of writing), maintaining progress would depend on an iron will to maintain and strengthen border control and effective quarantine. Neither ensued.

Maybe not so much a game of two halves as a two-leg match, with the home match underway but even half-time in that second leg not yet reached. By this stage, the Prime Minister had become—by his own standards, admittedly not a high bar to set—much more wary of the risk of another spike or wave of Covid. The European Union's poor performance in vaccination meant that much of Europe was returning to lockdown. The question for the UK was: would vaccination be enough to avoid a similar fate, pending global vaccination by (it was hoped) late 2022. Was it the endgame, the beginning of the end of Covid, or merely, in Boris Johnson's hero, Churchill's, words, the end of the beginning?

Something else however might be facing the beginning of its end—the UK. In elections on 6 May 2021, Scotland voted overwhelmingly in its own parliamentary elections (to the Scottish parliament) to return close to an absolute

majority, even with proportional representation, for the pro-independence party, and the pursuit of a referendum to secure independence. This put it on a collision course with the UK (for these purposes, English) government, which claimed it would not authorise such a referendum. This stalemate could lead to the Scottish parliament legislating for a referendum on independence and then the UK (English) government taking the Scottish government to the UK Supreme Court to prevent it, with outcome unknown. It would mark the first time since the Act of Union between England and Scotland in 1707 that the UK/London had tried to preserve the union by legal force as opposed to consent.

Meanwhile in Wales, the Welsh Assembly elections on the same date produced a Labour government for Wales with an election win which equalled the Welsh Labour Party's best ever. Both in Scotland and Wales, the incumbent governments were rewarded for a much better performance on managing Covid in general and lockdowns in particular than the UK government had mustered. Not surprisingly, for—especially in Scotland—it is likely that a strategy of elimination of Covid rather than a fumbled mitigation would have worked had the UK government been willing to back it up.

In England however, Boris Johnson's and the Conservatives' striking electoral success on May 6th (in a parliamentary bye-election and local elections) suggested a growing divergence between England, susceptible to Johnson's shameless populism, and the rest of the mainland UK. Sadly, in England, the late Grammy-winning comedian George Carlin's maxim seemed to apply: 'If you have selfish, ignorant citizens, you're gonna get selfish, ignorant leaders'. Yet not in the rest of the UK, especially Scotland, where, paradoxically, Conservative success in England in the teeth of all the government's failings was likely to buttress the cause of Scottish independence.

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## ETHICAL STATEMENT

None.

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## SUPPORTING INFORMATION

Additional supporting information may be found online in the Supporting Information section at the end of this article.

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## APPENDIX 1

### Some Key Dates Illustrating UK Chaos in Coping with Covid

2 January 2020.

WHO informed Global Outbreak Alert and Response Network (GOARN) partners about the cluster of pneumonia cases in the People's Republic of China. GOARN partners include major public health agencies, laboratories, sister UN agencies, international organizations and NGOs.

In the UK, the Chief Medical Officer (CMO)'s office was informed on this date. The CMO and a Deputy CMO discuss the issue.

5 January.

WHO shared detailed information about a cluster of cases of pneumonia of unknown cause. This 'event notice' provided information on the cases and advised Member States to take precautions to reduce the risk of acute respiratory infections.

14 January.

WHO held a press briefing during which it stated that, based on experience with respiratory pathogens, the potential for human-to-human transmission in the 41 confirmed cases in the People's Republic of China existed: 'it is certainly possible that there is limited human-to-human transmission'.

21 January.

WHO (Western Pacific Regional Office) tweeted that it was now very clear from the latest information that there was 'at least some human-to-human transmission', and that infections among health care workers strengthened the evidence for this.

24 January.

Study in *Lancet* emphasizes danger to human life of the novel coronavirus. France informed WHO of three cases of novel coronavirus, all of whom had travelled from Wuhan.

PRIME MINISTER JOHNSON FAILS TO ATTEND FIRST COBRA MEETING (UK CABINET OFFICE BRIEFING, THE TOP LEVEL COORDINATING BODY IN THE U.K. TO MANAGE A CRISIS).

25 January.

The WHO Regional Director for Europe issued a public statement outlining the importance of being ready at the local and national levels for detecting cases, testing samples and clinical management.

29 January.

JOHNSON MISSES SECOND COBRA MEETING.

31 January.

BREXIT DAY: JOHNSON AND U.K. GOVERNMENT PREOCCUPIED WITH 'CELEBRATING' DEPARTURE FROM THE EUROPEAN UNION.

TWO PEOPLE IN UK TEST POSITIVE FOR CORONAVIRUS.

UK FAILS TO JOIN EUROPEAN SCHEME TO SOURCE PERSONAL PROTECTIVE EQUIPMENT (PPE): E-MAILS FROM E.U. INVITING PARTICIPATION IGNORED OR 'MISLAID'.

3 February.

Boris Johnson makes speech at Greenwich, London, warning of the danger of pandemics provoking 'exaggerated' responses and says Britain should shed its 'Clark Kent spectacles' to become the Superman resisting restrictions on open economies.

5 February.

JOHNSON MISSES 3rd COBRA MEETING.

12 February.

EXETER UNIVERSITY STUDY WARNS 45 MILLION COULD BE AFFECTED IF VIRUS LEFT UNCHALLENGED.

JOHNSON MISSES 4th COBRA MEETING.

18 February.

JOHNSON MISSES 5TH COBRA MEETING. UNPRECEDENTED NON-ATTENDANCE. NO PREVIOUS MODERN PRIME MINISTER HAS MISSED MORE THAN ONE COBRA MEETING AT A TIME.

A Prime Ministerial advisor later says, off the record, 'There's no way you're at war if your PM isn't there.... There was a real sense that he (Johnson) didn't do urgent crisis planning. It was exactly like people feared he would be'.

5 March.

The first death from coronavirus in the UK is confirmed, as the number of cases exceeds 100, with a total of 115 having tested positive. England's Chief Medical Officer, Chris Whitty, tells MPs that the UK has now moved to the second stage of dealing with COVID-19, from "containment" to the 'delay' phase.

This means that attempts to contain Covid have been abandoned, almost before they have begun.

9 March.

FRANCE BANS LARGE EVENTS AND BEGINS SOCIAL DISTANCING; IRELAND CANCELS ST PATRICK'S DAY PARADES.

UK GOVERNMENT SAYS NO RATIONALE FOR CANCELLING EVENTS.

10 March.

CHELTENHAM HORSE RACING EVENT GOES AHEAD; ATTENDANCE OF 250,000 PEOPLE OVER 4 DAYS. JOCKEY CLUB CHAIRMAN BARONESS DIDO HARDING - soon to be appointed Executive Chair of NHS Test and Trace-PRESIDES.

11 March.

WHO Director-General states, 'We cannot say this loudly enough, or clearly enough, or often enough.... All countries can still change the course of this pandemic (if they) detect, test, treat, isolate, trace, and mobilize their people in the response'.

LIVERPOOL 2 ATLETICO MADRID 3 AT ANFIELD, LIVERPOOL, IN FRONT OF MORE THAN 52,000 SPECTATORS, INCLUDING 3,000 FROM MADRID WHOSE OWN CITY WAS LOCKING DOWN.

DEPUTY CHIEF MEDICAL OFFICER JENNY HARRIES HAS CLAIMED THAT THERE IS NOT A PROVEN LINK BETWEEN CROWDS AND TRANSMISSION OF COVID-19, AND NOT A SIGNIFICANT RISK.

12 March.

THE UK STOPS COMMUNITY TESTING, WITH ONLY THOSE HOSPITALISED TESTED. Later, Professor Gabriel Scally, former Regional Medical Officer, England, says, 'Abandoning testing gave the virus the green light to spread uncontrollably'.

ROBERT PESTON, ITV NEWS POLITICAL EDITOR, IS BRIEFED BY GOVERNMENT OFFICIALS AND WRITES, 'THE STRATEGY...IS TO ALLOW THE VIRUS TO PASS THROUGH THE ENTIRE POPULATION SO THAT WE ACQUIRE HERD IMMUNITY'. Imperial College models that herd immunity would mean 250,000 deaths.

JOHNSON ANNOUNCES, "WE ARE NOT, REPEAT NOT, CLOSING SCHOOLS NOW".

13 March 2020.

WHO Director-General states that Europe has become the epicentre of the pandemic with more reported cases and deaths than the rest of the world combined, apart from the People's Republic of China.

CHIEF SCIENTIST SIR PATRICK VALLANCE STATES THAT, '60% IS THE SORT OF FIGURE YOU NEED TO GET HERD IMMUNITY'.

FRANCE CLOSES ALL SCHOOLS AND UNIVERSITIES; IRELAND CLOSES ALL EDUCATION ESTABLISHMENTS; GERMANY CLOSES SCHOOLS, NURSERIES AND UNIVERSITIES.

JOHNSON LIFTS RESTRICTIONS ON THOSE ARRIVING FROM KNOWN 'HOTSPOTS' INCLUDING WUHAN, ITALY AND IRAN.

GUIDANCE ON PPE (PERSONAL PROTECTIVE EQUIPMENT) DOWNGRADED, ALLOWING POORER QUALITY EQUIPMENT TO BE USED, AS THE UK DOES NOT HAVE ENOUGH OF THE REQUIRED STANDARD.

19 March.

Johnson announces 'I think, looking at it all that we can turn the tide within the next 12 weeks and I'm absolutely confident that we can send coronavirus packing in this country. But only if we all take the steps that we've outlined—that is vital'.

But Johnson did not announce any new measures to keep people separated and slow the spread of the virus, such as a much reported plan to severely restrict movement in London.

IT WAS LATER ESTIMATED THAT A LOCKDOWN EVEN A WEEK EARLIER THAN IT OCCURRED WOULD HAVE SAVED C. 10,000 LIVES.

23 March LOCKDOWN ANNOUNCED.

NOTE: Between February 13 and March 30, Britain missed a total of eight conference calls or meetings about the coronavirus between EU heads of state or health ministers - meetings that Britain was still entitled to join in its transitional year after Brexit. Although Britain did later make an arrangement to attend lower-level meetings of officials, it had missed a deadline to participate in a common purchase scheme for ventilators, to which it was invited. Ventilators, vitally important to treating the direst cases of COVID-19, had fallen into short supply globally. Johnson's spokesman blamed an administrative error.

Between the end of March and May, the lockdown gradually reduces cases, with a time-lag between reduced prevalence and reduced hospitalisation and deaths. Between May and July, Covid cases are lower, apart from some local and regional 'spikes'. By mid-summer, cases are beginning to rise in the North of England, and by early September this is replicated nationally.

30 August.

As a million students prepared to go to university, the Universities and Colleges Union urged universities in the UK to delay face-to-face lectures amid concerns students could spark a second wave of the COVID pandemic. Later, student movement to and from universities was found to have contributed a spark to the second wave of Covid.

31 August.

The Eat Out to Help Out scheme to aid the hospitality industry came to an end. Over 100 million meals were eaten under the scheme, at a cost to the government of about £522 million. A Warwick University study later concluded that some areas with high scheme uptake had increased new infections after about a week and that 8% to 17% of new infection clusters could be linked to the scheme.

3 September.

Baroness Dido Harding, the head of NHS Test and Trace, apologised after it emerged that UK laboratories were struggling to keep up with demand for COVID tests, and some people were asked to travel several hundred miles to get tested for the virus.

5 September.

THE UK GOVERNMENT WAS CONTINUING TO RELAX REMAINING RESTRICTIONS FROM THE FIRST LOCKDOWN (EG RETURN TO OFFICES) AS NEW WAVE OF COVID WAS GATHERING MOMENTUM.

8 September.

Health Secretary Matt Hancock tells the House of Commons the 'sharp rise' in COVID-19 cases is 'concerning', and a sign that the virus 'remains a threat'. He urges people to adhere to social distancing measures. In an interview with ITV News political editor Robert Peston, Professor John Edmunds of the Scientific Advisory Group for Emergencies (SAGE), warns that COVID-19 cases are "increasing exponentially".

11 September.

The R number is raised to between 1.0 and 1.2 for the first time since March (an R rate of 1 means that one infected person infects on average one other person). Former UK Chief Scientific Advisor Sir Mark Walport warns that the UK is 'on the edge of losing control' of COVID-19 as recorded cases exceed 3000 for the second day in a row.

14 September.

Chief Scientific Advisor Sir Patrick Vallance says that he was 'rebuked by officials' for favouring a lockdown early on in the pandemic.

16 September.

Appearing before a Select Committee of the House of Commons, the Prime Minister says that a second national lockdown would have 'disastrous' financial consequences for the UK, and that the government is doing 'everything in our power' to avoid that scenario.

17 September.

Baroness Dido Harding, Executive Chair of NHS Test and Trace, tells a committee of MPs that demand for COVID-19 testing is 'significantly outstripping the capacity we have'.

18 September.

The R number rises to between 1.1 and 1.4 as government scientists warn the virus is widespread across the country and there are 'far worse things to come'.

The Prime Minister says a second wave of COVID-19 infections is coming to the UK, and that he doesn't 'want to go into bigger lockdown measures'.

24 September.

Figures from British Transport Police indicate that of the 14,726 people stopped for not wearing face coverings on trains between 15 July and 15 August, 14 were issued with a fixed penalty notice, fewer than 0.1%

9 October.

The Office for National Statistics reports that coronavirus cases have 'increased rapidly', estimating that around 1 in 240 people in England had the virus during the week to 1 October. Scientific advisers say that hospital admissions, which are currently about one fifth the level they were at their peak, are now 'very close' to levels seen at the start of the crisis in early March.

12 October.

The Prime Minister unveils a new three-tier system of restrictions for England, taking effect from 14 October. Areas are grouped into one of three risk categories—medium, high, or very high. The Liverpool City Region is the only area to be placed in the very high category.

The Scientific Advisory Group for Emergencies recommended a short 'circuit breaker' lockdown for England in September as a way of controlling the virus.

27 October.



The United Kingdom records 367 COVID-19 deaths, the highest number in a single day since May. A projection published by the Scientific Advisory Group for Emergencies (SAGE) suggests COVID deaths will remain high throughout the coming winter, leading to a greater number of deaths than was seen earlier in the year.

31 October.

After scientists project that there could be several thousand COVID deaths a day, Prime Minister Boris Johnson holds a Downing Street press conference at which he announces a second lockdown for England, for four weeks from Thursday 5 November to Wednesday 2 December, in order to prevent what he describes as a 'medical and moral disaster' for the NHS. England will then revert to the tier system.

This comes one week after he accused the Leader of the Opposition of wanting to 'lockdown the country'; and after he had repeatedly rejected advice from all leading scientists to lockdown.

15 November.

Professor John Edmunds, a member of the Scientific Advisory Group for Emergencies, calls for a long-term strategy to balance the epidemic and the economy, saying that encouraging people to visit bars and restaurants then closing them because of a surge in cases is not a 'sensible way to run the epidemic'.

18 November.

Johnson confirms that England's previous three-tier system of COVID regulations will return in a new form once the lockdown expires on 2 December. Gyms and non-essential shops will reopen throughout England, while collective worship and weddings will be allowed again, as well as some spectator sport. The second tier status of each region will be reviewed every 14 days, with the regional approach scheduled to last until March 2021.

24 November.

The leaders of the UK's four nations agree on plans for Christmas that will allow three households to meet up indoors and outdoors for five days from 23–27 December. Northern Ireland will be allowed seven days of relaxed restrictions from 22–28 December to accommodate those travelling to or from the mainland.

Professor Andrew Hayward, director of the University College London Institute of Epidemiology and Health Care, and a member of SAGE, warns that the relaxing of rules is tantamount to 'throwing fuel on the Covid fire'.

9 December.

A series of reports written for SAGE have attributed the resurgence of COVID cases at the end of the summer to people travelling abroad during the summer.

14 December.

Health Secretary tells MPs that a new variant of SARS-CoV-2 has been identified that is spreading faster in some areas of the country. The variant, named VUI – 202,012/01 showed changes that could make the virus more infectious. As of 13 December, there were 1108 cases identified, Britain's two leading medical journals, the Health Service Journal and British Medical Journal, have described the decision to relax COVID regulations over Christmas as a 'rash decision' that could 'cost many lives'.

16 December.

Johnson accuses the Leader of the Opposition of being a killjoy who wants to 'cancel Christmas'.

20 December.

Johnson 'cancels Christmas'.

29 December.

Mayor of London, declares a "major incident" in London, where he says COVID is 'out of control'. Research from the COVID Symptom Study suggests COVID cases increased by a third in the UK and reached 70,000 new cases a day between 26 December and 3 January, while the Office for National Statistics estimates 1.2 million people had COVID over the same time period.

2 January 2021.

Schools open.

January 3.

Schools close after only one day open, as third national lockdown gets underway.

13 January.

A further 1564 COVID related deaths are recorded, the highest daily number so far.

Subsequently, a combination of lockdown and vaccination brings Covid under control in the UK, pending effect of vaccines upon 'variants of concern'. UK's high prevalence over a year is responsible for 'breeding' of variants and export of the more easily transmissible 'Kent variant' to Europe and beyond.

April 9 2021.

Johnson fails to place India on 'red list' of countries requiring supervised quarantine for arrivals at same time as Pakistan and Bangladesh, even though these countries had a quarter and a half of the Covid cases per million population as India (which, moreover, has a population c.four times the size of its two neighbours). Data from Public Health England shows that 4.8 per cent of the 3,345 people landing in Britain from India between March 25 and April 7 tested positive, compared to just 0.1 per cent of people in England.

April 23 Johnson places India on the red list (far too late to be of any serious use).

May 16.

A UK government source tells the Sunday Times (London) : "It's very clear that we should have closed the border to India earlier and that Boris did not do so because he didn't want to offend Modi."

Narendra Modi is the Indian Prime Minister, another populist right-winger in the Bolsonaro, Johnson, Trump mode: the four countries with arguably the worst Covid records in the world had reckless, populist right-wing leaders. Admittedly Australia bucked the trend, with a populist right-winger in charge who handled Covid very well.

At least 20,000 people with a virulent strain of Covid entered Britain while Johnson delayed placing India on the red list.

May 17.

English Health Secretary Matt Hancock argued in a round of interviews that testing rates were lower in Pakistan at the time, and that the proportion of arrivals testing positive for Covid was three times higher than from India. Even if that were so, and it was shown not to be so, the absolute numbers from India - which has a much higher population - were much higher.

June 2021.

Daily cases of Covid (90% of which are the Delta/Indian variant) reach 16,000. Hospitalisations increasing nearly 50% weekly. Deaths remain low.